

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## PHYSICAL THERAPY EXAMINING BOARD

### PHYSICAL THERAPY OR PHYSICAL THERAPIST ASSISTANT CERTIFICATE OF PROFESSIONAL

**APPLICANT:** Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department at the above address.

**Applying For:** (check one) ☐ Physical Therapist ☐ Physical Therapy Assistant

LAST	FIRST NAME	MI	FORMER / MAIDEN NAME(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address:** (number, street, city, zip code)

**Date of Birth:**  /  /

**Social Security #:** (voluntary-for school's use in locating your records)  -  -

**CERTIFYING SCHOOL:** Certify completion after the applicant named above has actually graduated and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [DSPSCredPhysicalTherapy@wisconsin.gov](mailto:DSPSCredPhysicalTherapy@wisconsin.gov).

**Name of School:**

**Location of School:** (city, state)

**Type of Degree Awarded:**

**Major:**

**Date of Graduation:**  /  /  (anticipated dates of graduation will not be accepted)

<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**Signature of Dean or Department Head**

**Date**

**Title**